	MARYLAND	STATE D	DEPARTMEN	IT OF	HEALTH-	BALTIMORE	, 18
9184	MEDIC	AL EXA	MINER'S	CERT	IFICATE	OF DEATH	

09155

Reg. Dist. No.

I. PLACE OF DEATH e. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
Howard	MARYLAND	o. STATE B. COUNTY HOWARD
b. CITY OR TOWN (If outside corporate limits, write RURAL and Joseph De Corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pitol, give street address)	d. STREET ADDRESS e. IS RESIDEN
Colie Trailer Camp		Box 301
3. NAME OF First DECEASED	Middle	Last 4. DATE Month Day Year
Programme and the second secon	RADDOCK	DEATH Aug. 15.1959 19
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yours IFUNDER 14EAR IF UNDER 24 H
Female White WIDOWE	DIVORCED	March 28.1895 66 yrs. Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. If during most of working life, even if refired)	IND OF BUSINESS OR INDUST	
At Home	None	North Carolina
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Arthur Sov		Sophia ?
	SOCIAL SECURITY NO. 17. IN	IFORMANT , - Address
No ?	т	rov Graddock Jaurel . Wd
18. CAUSE OF DEATH Enter only one cause per line		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	erebral Hemorr	ONSET AND DEATH
331 X IMMEDIATE CAUSE (6)	erebral Hemory	nsge 3 hrs
801.10	adanadan Basa	Jan Massas
gove rise to immediate cause	rtensive Wascu	Lar Disease 1 yr
(o), stoting the underlying DUE TO		
	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
OH OH		PERFORMED?
PART. II. OTHER SIGNIFICANT CONDITIONS CO 200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH.	HOW INHIBY OCCUPRED AND	NO [Ner noture of injury in Port I or Part II of item 18.)
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	. FICH HOOK! DECORNED. JE	ner notice of injury in Port) of Port it of tiem 10.)
	NJURY OCCURRED 200, PLAC	E OF INJURY (Home, form, 120f. (City or town) (County) (Stote
Hour o, m. While		ry, streat, office bidg., etc.)
21. I certify that I took charge of the	emains described abay	ve, held an Autapsy 🔲, Inspection 🔀, Inquiry 🚺, and find t
death resulted from: Natural causes 5	, Accident [], Suice	cide , Hamicide , Undetermined cause .
1, 0	14	
SIGNATURE JUNIULE C	sury wit	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
V-100		ASSISTANT MEDICAL EXAMINER
NAME (Type) George E Burgtorf		DEPUTY MEDICAL EXAMINER AUG. 15.1959
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	the state of the s
Burial 8-19-59	Relhaven	Belhaven N.C.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F.C. Higinbothom, Ellicott	City, Md	DATE AUG 18'59 Cirling & Fines
		Auditor Committee Tourist

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9185 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09156

4	TOO MED	ICAL LAAMIINER	CERTITION	it of bt	R	leg, Dist. No		
1. PLACE OF DEATH	WARD	MARYLAND	2. USUAL RESIDENCE (V		l. If institution b. COUNTY	How	fore admir	D (noise
b. CITY OR TOWN (If our and airs inspect town)	tside corporate limits, write RUI	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	2	mits, write RUR	RAL and give n	earest fav	vn]
	or institution (if no key Bottom	t in hospital, give street address)	d. STREET ADDRESS	EY BOTTO	M RD		ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	PRROLL First	Middle JACB	EDLER	4. DATE OF DEATH	Month	Day 9	Y:	9 59
5. SEX		MARRIED NEVER MARRIED 3	Feb. 7. 1891	P. AGE last b	irthdoy) Mc	UNDER TYEAR	Hours	ER 24 HRS. Min.
Laborer	(Give kind of work dans life, even if retired)	106, KIND OF BUSINESS OR INDUST				12. CITIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME Jacob Edler			Mary C. A					
	IN U. S. ARMED FORCES yes, give wer or dotes of servic World War I	a)	RANKLIN =	REED .	Address ER	SCHO	CS L	MI
PART I. DEATH	[Enter only one cause p WAS CAUSED 8Y: IMEDIATE CAUSE (a)	er line for (a), (b), and (c).] PULMONARY	HEMORI	RARCE		INTE	TYAL BETWEET AND DEA	EN TH
Canditions, if eny, gave rise to immedia (a), stating the uncause last.	re couse							
CATIO		ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	INALDISEASE COND	ITION GIVEN		9. WAS A PERFO	
	RIBUTING (20b. D	ESCRIBE HOW INJURY OCCURRED. (F	Enter nature of injury in Par	1 i ar Port II af item	18.)			
20c. TIME OF INJURY Hour D. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED 20e. PLA. While Nat while fact at wark	CE OF INJURY (Home, fam ary, street, affice bldg., etc	n, 20f. (City or town	n)	(Caunty)		(State)
ACTUAL SIGNATURE	rom: Notural cau	the remains described above Accident , Sui	ve, held on Autops cide , Homicide _M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL	MAMINER AL EXAMINER	ion . I mined cous		DATES	IGNED
220. BURIAL, CREMATION, REMOVAL (Specify) Burial		22c. NAME OF CEMETERY OR Baltimore Na	CREMATORY	22d, LOCATION (C	ity, town, or co		(Stote)
23. FUNERAL DIRECTOR'S :	SIGNATURE CALLY YO	ADDRESS	240. REC		24b. REGISTRA		RE	

VS. A15ME(5) 5M 9/55

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09157

	2100		-			Keg. Dist.	. No.	
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased	lived. If institution	n, Residence	before admis	sion)
Howard		MARYLAND	Maryland		B. COUNT	H	oward	
b. CITY OR TOWN RURAL and give		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	· ·	ite limits, write RU			n)
	tt City			tt City				
OR INSTITUTION	PITAL (If not in hospital, give streen N Main St.	t address)	d. STREET ADDRESS	in St			ON	SIDENCE A FARM?
3. NAME OF	first	Middle		4. DATE	V			
DECEASED (Type or print)	MELISSA	Wiodis	GLOVER.	OF DEATH	Aug. 16		Day	Year
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9	. AGE (In years lost birthday)	IF UNDER I	YEAR IF UND	ER 24 HRS.
Female	Colored WIDOV	VED DIVORCED	3-14-1895		64 yrs.	Manths D	Pays Hours	Min.
IDo. USUAL OCCUPA during most of w	TION (Give kind of work done 10th orking life, even if retired)	. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Sto	te ar foreign cou	intry)	12. CITIZ	EN OF WHA	COUNTRY
At Home			South Car	rolden				
3. FATHER'S NAME	v v h		14. MOTHER'S MAIDEN					
Walt-	or Quarterbaum		770.1	CO COMP				
The second secon		S. SOCIAL SECURITY NO. 17.	INFORMANT	Crom.	Addre	995		
[Yes, no, or unknown]	(If yes, give wor or dates of service)	_						
No	<u> </u>	J	ames Glover,	Highland	Md			
18. CAUSE OF D	EATH [Enter only one cause per	line for (o), (b), and (c).]	11				INTERVAL BI	ETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ardrac Fra	ilure				7 11	PART.
1199	DUE TO							
4221		-				- 2	_	-
Conditions, if								
cattse (a), statin	ng the under DUE TO	terescleratio	Cardos-Va	seula	v Dise	was I	42	carr
PART II. C	OTHER SIGNIFICANT CONDITIONS						(o) 19 WAS	AUTOPSY
CATIC		None						DRMED?
PART II. C	WAS UNDERLYING 20b. DE NG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury i	n Part I ar Port I	II of item 18.)			
20c. TIME OF INJ			LACE OF INJURY IHome, fa		or town)	(Co	unity)	(State)
Hour o. m	10	e Not while to	octory, street, office bldg., a	etc.)				
		10-4-10	2-3 /	100000	11 000			
21. I certify	that I attended the decea	ised from Company	19 to	ucquist /	6, 1957	that I la	st saw the	decease
alive on the	Jales 19 19	and that death	h occurred at Z./1	M, fram	the causes at	nd on the	date stat	ed abav
1	.111 -11	**	- A		eel, city ar towp, s			ATE SIGNE
ACTUAL	alkant lass	away	40 Preset	City.	moun	. /	Res: 11.	- 5
SIGNATURE		/	M.D. Calabar	1.5			1	
PHYSICIAN'S NAME (Type)	William F. Gassay	WA T	Ellicott	City.W	d	1		
22a. BURIAL, CREMAT REMOVAL (Speci	fy)	22c. NAME OF CEMETERY C			ON (City, town, a		(Sta	le)
Burial	8-21 -59	St. Watt)	CAS	st.	<u> Matthews</u>	S.C.		
23. FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS	24a. RE	C'D BY REGISTR	AR 24b. REGIS	TRAR'S SIGN	IATURE	
TI 0 114 -4-	Ada . STIT meddade	maa	n. 1881	0 1 0 250	179.72	- 0 20		

may be retained the haspital or attending physician.

O FUNERAL DIASTOR: After this certificate has been signed by the attending physician and campletely filled in by a funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours offer death. NYTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL OF TO FUNERAL DIR

VS A15 (4) 15M 9/55

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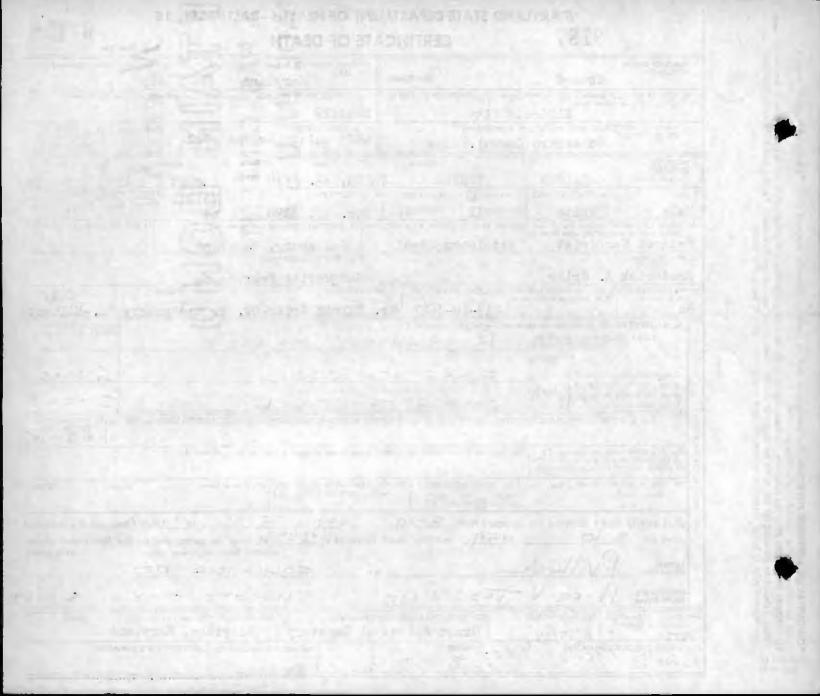
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OR: After this certificate has been signed by the attending physician and campletely filled in by a funeral director, or detached for use as the burial-transit permit. Then places remove carbon papers. Pages I and 2 should be filled with	1
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9187 **CERTIFICATE OF DEATH** Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY a. STATE b. COUNTY Howard MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Ellicott City Dundalk d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE 090 OR INSTITUTION ON A FARM? 6805 Duluth Avenue Schaefers Conval. Home YES NO 3. NAME OF Middle 4. DATE DECEASED (Type or print) CALVIN TURNER GRIER. SR. DEATH 10 19 August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Dovs Hours Min Male White DIVORCED [WIDOWED Dec. 10, 1890 68 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Machinist Bethlehem Steel Salisbury, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick A. Grier Marguerite Fehrenbach 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address City (III yes, give war or dates of service) No 217-10-3627 Mr. Calvin Grier-Rt. 1. Montgomery Rd.-Ellicott 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ESPIRATOR IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which CARCINOM ATOSIS gove rise la immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour p. m. While Not while at work of work 9-16 1959 that I last saw the deceased 21. I certify that I attended the deceased from Santo 1959. ta _, and that death occurred at 2 45 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE TO FUNERAL DIV page 3 shauld the page 3 shaul the registrar PHYSICIAN'S THORPE ELLICOT NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Grace Episcopal Cemetery Elkridge, Maryland Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 10/57



TO HOSPITAL OR may be retain TO FUNERAL DI

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	keg. Disi, No.
110000000	YLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE harybord b. COUNTY
b. CITY OR TOWN (If autside corporate limits, write RUAL and give pearent town) Thrus (Manual) 88-4.	7 17 0
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CARREST CONTROL OF THE CONTROL OF	d. STREET ADDRESS o. IS RESIDENCE ON, A FARM? YES NO
3. NAME OF DECEASED (Type or print) Joseph Dan ()	HANDING SEATH AUGUST 11 1959
5. SEX 6. COLOR OR RACE 7. MARRIED PREVER MARR	ED Feb, 22/87/ Syrs. Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS of April	yarm Howard Soo. hid U.S. D.
Basill W. Harding	14. MOTHER'S MAIDEN NAME May Hia Owens
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (10 no per with norm) (If yes, give wor or dates of service)	Mrs. Half Harding, I autal Md
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	22d Car cinoma tosis Interval Between ONSET AND DEATH 10 YEARS
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	of Skin 14 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO CONTRIBUTING	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES
	OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work	20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (City or tawn) (County) (State)
21. I certify that I attended the deceased from for alive on frug 11 1959, and that Actual SIGNATURE The form of the signature of the signatur	t death occurred at 114 JAM, from the causes and on the date stated above ADDRESS (Street, city or town, state) M.D. ROBERT S. MCCENEY M.D.
PHYSICIAN'S ROBERT S. Mc CEN 220 BURIAL, GREMATION, 1236/ DATE THEREOF 122C, NAME OF CEN	402 MAIN ST. AUREL MO AETERY OR CREMATORY 22d. LOCATION (City, town, or county) [State)
Bered lug 14 1959 Emm	cancel Cem Scaggarille, mel
23. FUNERAL DIRECTOR'S SIGNATORE ADDRESS	240. REC'D BY REGISTRAR 200. REGISTRAR'S SIGNATURE DATE AND 1 7 '59 Continuo S. Kraus

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F.C. Higinbothom. Ellicott City. Md

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VS. A15ME(5) 5M 9/55

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c. LENGTH OF STAY IN 16

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Pages

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death. Page

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1. PLACE OF DEATH o. COUNTY Howard b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City

DECEASED

Male

5. SEX

MEDICAL

ACTUAL

SIGNATURE PHYSICIAN'S

NAME (Type

REMOVAL (Specify)

(Type or print)

13. FATHER'S NAME

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Old Frederick Road NAME OF

during most of working life, even if retired)

Boarding Home

STANLEY

White

Samuel Kefanver

6. COLOR OR RACE

First Middle

7. MARRIED NEVER MARRIED

GLENN KEFAUVER

WIDOWED [

d. STREET ADDRESS Old Frederick Road Lost

B. DATE OF BIRTH

Maryland

4. DATE Month DEATH Aug. 9. AGE (In years lost birthday) Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Howard

Rea. Dist. No

IF UNDER 1 YEAR IF UNDER 24 HRS. Doys Hours 12. CITIZEN OF WHAT COUNTRY?

Day

e. IS RESIDENCE ON A FARM?

YES NO

Year

19

100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Middletown, Md

Ellicott City

14. MOTHER'S MAIDEN NAME

	. WAS DECEASED EVER IN U. S. AR		INFORMANT	,Ellicott City,Mi	
_	NO	213-01-1024	TWO I BOIL WATERAAT	PERTICOGO OFONOS	A
	1B. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAU IMMEDIATE		- Resperato	my failus	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which)	DUE TO MULE CASE	leaf blegams	tud vily	extent.
	gove rise to immediate Couse (a), stating the under-	DUE TO	greatlaf I	mfaction	- 17
O	PART II. OTHER SIGNIFICA	INT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPS

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy. o. m.

20d. INJURY OCCURRED Not while of work of work

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

20f. (City or town)

and that death occurred at 130 M, from the causes and on the date stated above.

(County) (Stote)

Zithat I last saw the deceased

YES NO Z

DATE SIGNED

21. I certify that I attended the deceased from. alive an

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, stote

(Stole)

Burial 23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

Reform **ADDRESS**

Widdletom, Md 24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

F.C. Higinbothom Ellicott City. Md

DATE THIS 2 6 159

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shauld be	cremation,	1	1
Poge 4	to burial.		2
ineral dire	your files. egistrar prior		X
d 3 to the fu	2 with the re	/	
iges 1, 2, an	e 5 may be pages 1 and	(I
8. Give Po	P.M3. Pog rmit. File		
il in Item II	with form		
g' in penc	Office along as a burio	ı	
nd pendin	old be used	1	
ting the wo	Redicel E		
6 te, wri	DIRECTOR:		1
to cute the certified the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dire. Page 4 shauld be	forwarded to The Chief Medical Examinan's Offica along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	аг гетолаг.	
S. A	1SME(5)	
5M	9/55		01

1		0104 ME	DICAL	EXAMINER	MENT OF H	ICATE	OF D	EATH	Reg. Dist. N	47	162
1.	PLACE OF DEATH	Howard		MARYLAN	O STATE			ved. If Institu	ition: Residence b	efore admi	ission)
7	b. CITY OR TOWN	If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1		Maryl TOWN (II o		e limits, write	RURAL and give		ewn)
4	Ellico	ott City				icott					
X	d. NAME OF HOSPI	alls Avenue	f not in hospi	tal, give street address)	/d. STREET A		Avenue			ON	A FARM
3	NAME OF OECEASED	Firs	1	Middle	Lost	· · · · · · · · · · · · · · · · · · ·	DATE	Monti	h Day	y Y	reor .
L	(Type or print)	Rona	ld	S	/ Mye:	rs	DEATH	8	20	1	959
5.	SEX		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. A	GE (In years it birthday)	IFUNDER TYEA	R IF UND	Min.
	Male	Colored	WIDOWED	DIVORCED [9-28-195			4 уп.	Months Days	Houri	win.
10	o. USUAL OCCUPATI during most of worki	ON (Give kind of work d ng life, even if retired)	lone 10b. KII	ND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLA	ACE (State or	foreign countr	γ)	12. CITIZEN	OF WHAT	COUNTR
1	None			None	Balt	imore	Md				
/ ¹	3. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME				
		arles Myers			Sh	irley	Bacon				
1.	5. WAS DECEASED EN	VER IN U. S. ARMED FOR (If yes, give wor or dates of s			. INFORMANT		-224	Address	263		
_	No			None	Shirley E	acon, i	CITICOL	t city	, MCL		
		LTH [Enter only one cour	e per line fo	(e), (b), and (c).]					INT	ERVAL BETWE	EEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	C	colitis and	generali	zed d	ehydra	tion			
	571.1	DUE TO						9.71			
	Conditions, if	ony, which } (b)									
	gove rise to imme	diote couse									
	couse lost.	(c)_								-	
Z	PART II, OT	HER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINA	ALDISEASE CO	NDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY
NO!TA?										YES K	NO [
ü	20g EXTERNAL CA	USE WAS 206	DESCRIBE H	OW INJURY OCCURRED	(Enter nature of inj	ury in Port I	or Part II of its	em 18.)			
2 8	CAUSE OF DEATH	MIKIBUING L									
3	20c. TIME OF INJU	IRY Month, Day, Year	20d. IN	IURY OCCURRED 20e. P	LACE OF INJURY (H	lome, form,	20f. (City or to	own)	(County)		(State)
MEDICAL	Hour o.m.	19	While of work	Not while	actory, street, office	bidg., etc.)					
1		hat I tank charge		mains described a	have held an	Autonsy	D losne	ection .)nguiry [l and	find th
				. Accident □, S		omicide [ermined o		J, dad	mu m
	dedili resonec			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, th	omicide [_i, Olider	eriiiiieu (dose [_].		
	ACTUAL	KING	.0.		CHIEF IA	ERICAL EVAN	A I D A D Dowley 2			DATE S	SIGNED
2	SIGNATURE	UVI	LACKE	1	mann Mil.U.	EDICAL EXAM				8/21/	159
	EXAMINER'S NAME (Type)	Russell S	. Fish	er, M.D.		MEDICAL EX	EXAMINER 🔲			0, 20,	
2	O. BURIAL CREMATIC	ON, 22b. DATE THEREON	2	C. NAME OF CEMETERY	OR CREMATORY	2	2d. LOCATION	{City, town,	or county)	(State	le)
	YEMONYI ISDECIN	8-24-1959	1	Western Star			Caton	sville	.Md		
	Burial	ローベイーエフノフ									
2.	. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		240. REC'D E	Y REGISTRAR	24b. REGI	STRAR'S SIGNATI	JRE	
2.	. FUNERAL DIRECTOR			ADDRESS		240. REC'D E					

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map of the Country		ingel rates	
Sulvino become all beech Carp. In	ent I		